

LF  
CF 2014-1522



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
228417

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) Thomas D. Burkhart		2. DATE OF BIRTH September 25, 1950		3. SEX Male		4. DATE OF DEATH August 14, 2014	
	5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS		6a. AGE- Last Birthday (Years) 63		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES	
	7a. LOCATION OF DEATH Covenant Health Care Harrison		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Saginaw		7c. COUNTY OF DEATH Saginaw			
	8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Saginaw		8c. LOCALITY Saginaw Twp		8d. STREET AND NUMBER 1078 Barbeau Drive	
INFORMANT	8e. ZIP CODE 48638		9. BIRTH PLACE Gladwin, Michigan		10. SOCIAL SECURITY NUMBER 364-48-5112		11. DECEDENT'S EDUCATION Juris Doctorate	
	12. RACE White		13a. ANCESTRY English, German, Irish		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No	
	15. USUAL OCCUPATION Attorney		16. KIND OF BUSINESS OR INDUSTRY Law		17. MARITAL STATUS Married		18. NAME OF SURVIVING SPOUSE Sherry LaRocque	
	19. FATHER'S NAME (First, Middle, Last) Orval Burkhart		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Gwen Robe					
DISPOSITION	21a. INFORMANT'S NAME Sherry Burkhart		21b. RELATIONSHIP TO DECEDENT Wife		21c. MAILING ADDRESS 1078 Barbeau Drive, Saginaw Michigan 48638			
	22. METHOD OF DISPOSITION Burial		23a. PLACE OF DISPOSITION Highland Cemetery		23b. LOCATION - City or Village, State Gladwin, Michigan			
	24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Valerie A. Rettelle		25. LICENSE NUMBER 4501007405		26. NAME AND ADDRESS OF FUNERAL FACILITY W.L. Case and Company, 4480 Mackinaw Road, Saginaw, Michigan 48603			
	27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Yong Yoon, M.D. Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH 08:22 AM		28b. PRONOUNCED DEAD ON August 14, 2014		28c. TIME PRONOUNCED DEAD 08:22 AM	
CERTIFICATION	27b. DATE SIGNED August 15, 2014		27c. LICENSE NUMBER 4301086922		29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Hospital	
			32. MEDICAL EXAMINER'S CASE NUMBER N/A		31. IF HOSPITAL Inpatient			
	34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Yong Yoon, M.D., 912 South Washington Avenue, Saginaw, Michigan 48601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER					
	35a. REGISTRAR'S SIGNATURE <i>Susan Kaltenbach</i>		35b. DATE FILED August 15, 2014					
CAUSE OF DEATH	36. PART I. ENTER the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Approximate Interval Between Onset and Death	
	a. Aspiration Pneumonia DUE TO (OR AS A CONSEQUENCE OF)						7/30/2014	
	b. Colon Perforation DUE TO (OR AS A CONSEQUENCE OF)						7/24/2014	
	c. Metastatic Lung Cancer DUE TO (OR AS A CONSEQUENCE OF)						Weeks	
MEDICAL EXAMINER	PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I				37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
	39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable			
	41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
	41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION	

STATE OF MICHIGAN  
COUNTY OF SAGINAW

I, SUSAN KALTENBACH, Clerk of said County of Saginaw and Clerk of the Circuit Court for said County, do hereby certify that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent record of the Saginaw County Clerk's Office.

WITNESSED the Seal of said court and county on this date:

AUG 19 2015

A.D.

SEAL

SP01485074

SAGINAW COUNTY CLERK



VRHDSS11 (12/12) Authority: MCL 333.2882

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.



**THIS CERTIFICATE OF VITAL RECORD CONTAINS THE FOLLOWING SECURITY FEATURES. THESE SECURITY FEATURES MUST BE PRESENT FOR THIS TO BE A VALID, ACCEPTABLE DOCUMENT:**

- Watermark Chainlink design
- Fluorescent security fibers
- Full chemical sensitization

**IMPORTANT INFORMATION:**

This certificate is a valuable and legal document. Please keep in a safe place.

**WARNING:**

Obtaining and/or using this document and/or personal identifying information contained on this document with the intent to defraud or commit another unlawful act is prohibited.  
(MCL 445.65)

A person shall not willfully and knowingly obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another person, for any purpose of deception, a counterfeited, altered, amended, or mutilated vital record or certified copy thereof.  
(MCL 333.2894 (1)(d))

A person shall not make, counterfeit, alter, amend, or mutilate a vital record or report required to be filed under this part with the intent to deceive.  
(MCL 333.2894 (2))



1701-08-10-10